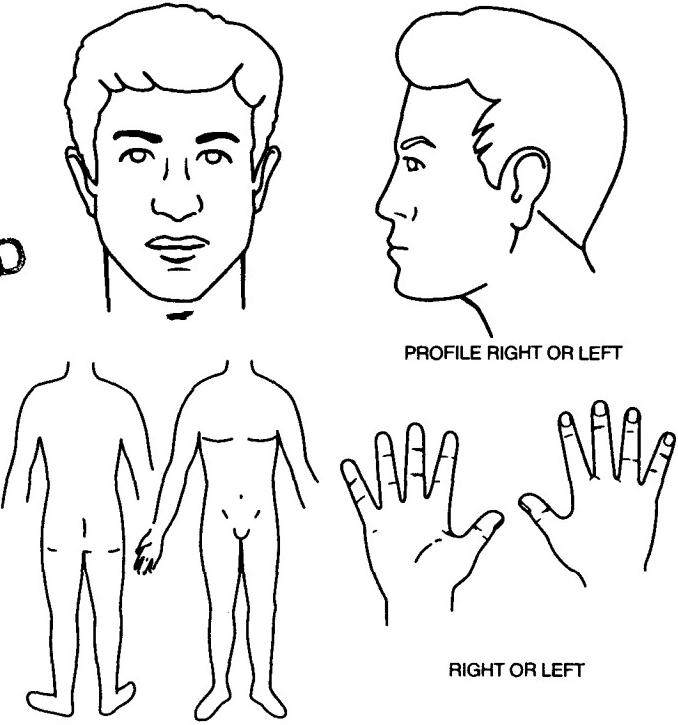
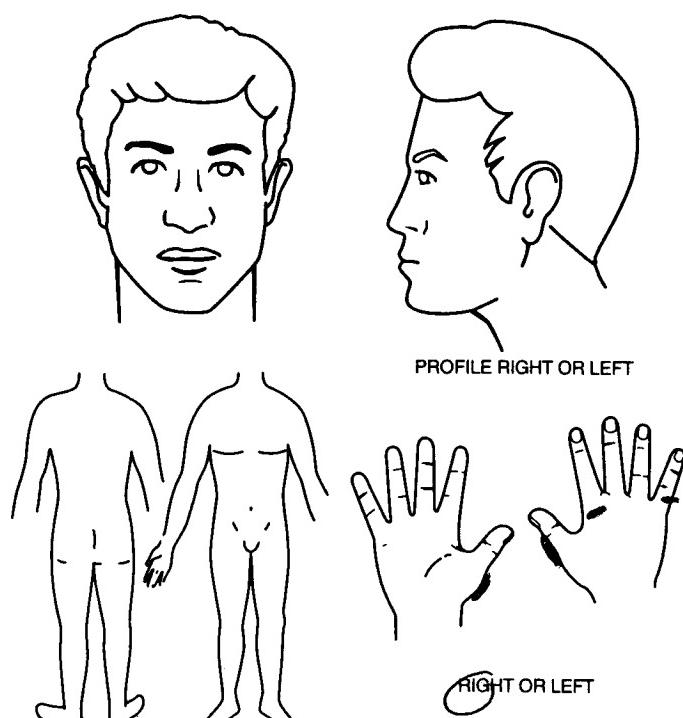


## EMERGENCY

ADMISSION DATE 11/18/04	TIME 1140 AM	ORIGINATING FACILITY SIR PDL ESCAPEE	Bullock	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
ALLERGIES N/A	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98° ORAL RECTAL	RESP. 18	PULSE 86	B/P 130/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S- Body chart for M.H.M.	ABRASION // /	CONTUSION #	BURN XX	FRACTURE Z Z LACERATION / SUTURES
 <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>				
PHYSICAL EXAMINATION	<p>J-Bell Male Ambulatory to HCU excited by Lt Cunningham &amp; hand hand cuffed behind back Small spot of redness noted around Neck no problems = SOB present, no broken areas noted At this time inmate in no Acute distress.</p> <p>A- Body Chart for M.H.M + Doc</p>			
DIAGNOSIS				
INSTRUCTIONS TO PATIENT	<p>See Above</p>			
DISCHARGE DATE 11/18/04 1945 AM	TIME AM PM	RELEASE / TRANSFERRED TO EDOC AMBULANCE	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
IRSE'S SIGNATURE Dorothy Jackson	DATE	PHYSICIAN'S SIGNATURE Doris J. Jackson	DATE	CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) Winfield, Carey		DOC# 180339	DOB 10-8-56	R/S B/w
				FAC. Bullock

## EMERGENCY

ADMISSION DATE <i>11/16/04</i>	TIME <i>9:58 AM</i>	ORIGINATING FACILITY <i>Bullock</i> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT			
ALLERGIES <i>N/A</i>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA					
VITAL SIGNS: TEMP <i>98</i>	ORAL RECTAL	RESP. <i>18</i>	PULSE <i>74</i> B/P <i>112/80</i>			
RECHECK IF SYSTOLIC <100> 50						
NATURE OF INJURY OR ILLNESS <i>S- I cut my hand on the inside of the commode</i>		ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>Z</i>	LACERATION / SUTURES
						
		<i>PROFILE RIGHT OR LEFT</i>				
		<i>RIGHT OR LEFT</i>				
PHYSICAL EXAMINATION		ORDERS / MEDICATIONS / IV FLUIDS			TIME	BY
<i>A Blk Male Ambulatory to HCU escorted by Sgt. Louis &amp; officer Payton. Gname is Alert And Oriented x3 resp regular and even skin w/o Abrasion to R thumb and back of R hand.</i>		<i>P- Cleaned w H2O TAs &amp; bandaid applied.</i>				
		<i>FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE COPIED</i>				
DIAGNOSIS <i>R</i>						
INSTRUCTIONS TO PATIENT <i>S</i>						
DISCHARGE DATE <i>11/16/04</i>	TIME <i>10:04 AM (PM)</i>	RELEASE / TRANSFERRED TO <i>DOC</i> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL			
JRSE'S SIGNATURE <i>Marta Jackson</i>	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE) <i>Wright Richard</i>			DOC# <i>187140</i>	DOB <i>8-15-67</i>	R/S <i>B/m</i>	FAC. <i>Bullock</i>

## EMERGENCY

ADMISSION DATE <i>11/13/04</i>	TIME <i>2220 AM</i>	ORIGINATING FACILITY <i>BCC</i>	<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES <i>NKA</i>	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP <i>100.9</i>	ORAL RECTAL	RESP. <i>20</i>	PULSE <i>120</i> B/P <i>144, 94</i> RECHECK IF <i>148, 98</i> <100> 50		
NATURE OF INJURY OR ILLNESS <i>S: "I was fighting. I got a few bumps and bruised; nothing great."</i>	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
<p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <p style="text-align: center;">RIGHT OR LEFT</p>					
<p>HYPICAL EXAMINATION</p> <p><i>A: Body Chart per DOC</i></p>					
<p><i>P: Release to DOC</i></p>					
<p style="text-align: center;"><i>FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED</i></p>					
ORDERS / MEDICATIONS / IV FLUIDS					
TIME BY					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT <i>Consider following through to mental health referral.</i>					
DISCHARGE DATE <i>11/13/04</i>	TIME <i>2230 AM</i>	RELEASE / TRANSFERRED TO <i>DOC</i>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
JUDGE'S SIGNATURE <i>J. Wadewitz, RN</i>		DATE <i>11/13/04</i>	PHYSICIAN'S SIGNATURE <i>DR J. Wadewitz, RN</i>	DATE <i>11/14/04</i>	CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) <i>Wright, Richard</i>			DOC# <i>187140</i>	DOB <i>8/15/67</i>	R/S <i>B/m</i>
			FAC. <i>BCC</i>		





# **INFIRMARY NURSING PROGRESS NOTES**

**INMATE NAME (LAST, FIRST, MIDDLE)**

Wright, Richard

DOC#  
187140

DOB  
8-15-67

R/S  
Bm

FAC.  
VCF



## **INFIRMARY NURSING PROGRESS NOTES**



PCF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright SERIAL NO: B1B7140 CELL: 19 T  
 VIOLATION #31 ADMITTANCE  
 OR REASON: assault on another inmate AUTHORIZED BY: Lt. Balvano  
 DATE & TIME  
 RECEIVED: 11/3/05 @ 10:40 P.M. DATE & TIME  
 PERTINENT RELEASED:  
 INFORMATION:

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL	PSYCH	COMMENTS*	OIC SIGNATURE
		B	D	S	VISIT	VISIT		
<u>2/2/05</u>	MORN	<u>n</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>M. Johnson, COI</u>
	DAY	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Johnson, COI</u>
<u>mon.</u>	MORN	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>B. Holmes, COI</u>
<u>2/22/05</u>	DAY	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>C. O'Donnell, COI</u>
<u>2/23/05</u>	MORN	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>B. Holmes, COI</u>
	DAY	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Johnson, COI</u>
<u>Wed</u>	MORN	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>M. Johnson, COI</u>
<u>2/24/05</u>	DAY	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>Pennington, COI</u>
<u>Thur.</u>	MORN	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>M. Johnson, COI</u>
<u>2/25/05</u>	DAY	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>o med</u>	<u>C. O'Donnell, COI</u>
<u>Fri.</u>	MORN	<u>n</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>Med given</u>	<u>C. O'Donnell, COI</u>
<u>2/26/05</u>	DAY	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>Med given</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>Med given</u>	<u>D. Evans, COI</u>
<u>Sat</u>	MORN	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>Med given</u>	<u>R. Williams, COI</u>
<u>2/27/05</u>	DAY	<u>y</u>	<u>n</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>Med given</u>	<u>J. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>	<u>n</u>	<u>Refused</u>	<u>Refused</u>	<u>Med given</u>	<u>Ryan, COI</u>
<u>Sun</u>								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower - Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional  
comments and include date, signature, and title.

OIC Signature; OIC must sign all record sheets each shift.

CONFIDENTIAL RECORD  
 NOT TO BE PHOTOGRAPHED

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard WrightVIOLATION<sup>31</sup>  
OR REASON: Assault On Another InmateDATE & TIME  
RECEIVED: 11/3/04 10:40 P.M.PERTINENT  
INFORMATION:AIS NO: B1187140 CELL: # 19 TADMITTANCE  
AUTHORIZED BY: Lt. BabersDATE & TIME  
RELEASED:

DATE	SHIFT	MEALS	B	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
2-14-05	MORN	Y				N	N	Wagner	N	0 med	H. Johnson, COT
	DAY	Y				N	Refused		N	Refusing	C. Young, COT
	EVE	Y				N	N	Spouse	N	Spouse	J. Henningsen, COT
MON	MORN	Y				N	N	Wagner	N	0 med	B. Johnson, COT
2-15-05	DAY	Y				N	Y	Wagner	N	Refusing	C. Young, COT
	EVE	Y				N	Y	Wagner	N	Refusing med	C. Young, COT
										refused med	C. Young, COT
TUE	MORN	Y				N	N	Wagner	N	0 med	S. Young, COT
2-16-05	DAY	Y				N	Y	Wagner	N	Refusing	S. Young, COT
	EVE	Y	ND			ND	ND	2004	ND	meds gone	AS COT
										as COT	J. Johnson, COT
WED	MORN	Y				N	N	Wagner	N	0 med	J. Johnson, COT
-05	DAY	Y				N	Y	Wagner	N	Refusing	J. Johnson, COT
	EVE	Y	Y			N	Y	Wagner	N	0 med	J. Johnson, COT
										Refusing	J. Johnson, COT
THUR	MORN	Y				N	N	Wagner	N	0 med	H. Johnson, COT
2-18-05	DAY	Y				N	Y	Wagner	N	Refusing	H. Johnson, COT
	EVE	Y	N			N	Y	Wagner	N	Refusing	H. Johnson, COT
										Refusing	H. Johnson, COT
FRI	MORN	N				N	N	Wagner	N	0 med	C. Young, COT
2-19-05	DAY	Y				N	Y	Wagner	N	Refusing	C. Young, COT
	EVE	Y	Y			N	Y	Wagner	N	Refusing med	C. Young, COT
										Refusing med	C. Young, COT
SAT	MORN	N				N	N	Wagner	N	0 med	H. Johnson, COT
2-21-05	DAY	Y				N	Y	Wagner	N	Refusing	H. Johnson, COT
	EVE	Y	Y			N	Y	Wagner	N	Refusing	H. Johnson, COT
										Refusing	H. Johnson, COT
SUN											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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## SEGREGATION UNIT RECORD SHEET

MATE NAME: Richard Wright  
 VIOLATION OR REASON: 31 Assault on Another Inmate  
 DATE & TIME RECEIVED: 21-3-05 @ 10:00 am

AIS NO. B107180 CELL: # 197  
 ADMITTANCE AUTHORIZED BY: Lt. Baker  
 DATE & TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
27/05	MORN	Y			N	R. Anding	N	O med	R. Johnson, COI
	DAY		Y		N	V. Sh.	N	O med	C. Hall, CO
	EVE		Y	Y	N	G. Baker	N	Omed	T. Biggs, COI
MON	MORN								
18/05	MORN		Y		N	R. Anding	N	O med	M. Fitzpatrick, COI
	DAY		Y	Y	N	V. Sh.	N	O med	S. Smart, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	C. Odom, COI
TUE	MORN	Y			N	R. Anding	N	O med	M. Fitzpatrick, COI
19/05	MORN	Y			N	R. Anding	N	O med	S. Smart, COI
	DAY		Y		N	V. Sh.	N	med gear	C. Odom, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	S. Smart, COI
WED	MORN								
20/05	MORN								
	DAY		Y		N	V. Sh.	N	O med	R. Johnson, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	C. Hall, CO
THU	MORN	Y			N	R. Anding	N	O med	M. Fitzpatrick, COI
21/05	MORN	Y			N	R. Anding	N	O med	S. Smart, COI
	DAY		Y		N	V. Sh.	N	med gear	C. Odom, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	S. Smart, COI
FRI	MORN								
22/05	MORN								
	DAY		Y		N	V. Sh.	N	O med	C. Young, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	C. Hall, CO
SAT	MORN								
23/05	MORN								
	DAY		Y		N	V. Sh.	N	O med	C. Young, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	C. Hall, CO
SUN	MORN								
24/05	MORN								
	DAY		Y		N	V. Sh.	N	O med	E. Williams, COI
	EVE		Y	Y	N	G. Baker	N	Refused med	S. Smart, COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaulitive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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